



July 2003

Important Health Benefits News for Benefits Administrators

Upcoming Events

JULY

July 16 ♦ New COVA Care health plan premiums reflected in employee paychecks

July 31 ♦ Posters on COVA Care benefit highlights effective July 1 placed in visible agency locations

AUG

Aug. 1 ♦ Work begins on Flexible Benefits Sourcebook, Spotlight newsletter and other enrollment materials for 2003 annual fall enrollment

Aug. 15 ♦ EmployeeDirect enhancements continue for Flexible Benefits Annual Enrollment

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B.A. Bulletin

COVA Care Coverage for Diabetics

The new COVA Care plan offers a variety of benefits for diabetic care, including diabetic supplies, equipment and education. As a reminder to Benefits Administrators, many benefits for diabetic care are covered under medical services, but some are included in the prescription drug program. Here's a refresher:

Covered under **medical services** are: Insulin pumps, home glucose blood monitors, blood glucose test strips, and outpatient self-management training and education performed in person -- including medical nutrition therapy when provided by a certified, licensed or registered health care professional.

There is no employee cost for diabetic education. Members pay 20% coinsurance for diabetic supplies and equipment after meeting the \$200 deductible.

The **prescription drug program** covers insulin, syringes and lancets. To find out in which tier each falls, members may go to the Anthem Web site at www.anthem.com to the Search the Drug listing or call Anthem Member Services. To search on the Web, members must type in an insulin, syringe or lancet brand name.

Please note that the blue Three-tier Drug Program Pocket Guide included in the COVA Care ID card package provides only general tier information that may not apply to diabetic care for Commonwealth of Virginia members.

The Commonwealth also offers special services for diabetics through the Anthem Better Prepared Program. See the 2003 Health Benefits Guide for more information.



BES Auditing Process Continues

Over the next few months, the Office of Health Benefits will be auditing Open Enrollment changes made by agencies in June using reason code 56. The first phase includes e-mails to selected Benefits Administrators asking for detailed explanations of BES actions taken using the reason code. Phase II will request documentation of explanations provided, and on-site audits will be done in Phase III. On-site audits will take a look at keying transactions and the health benefits policy administration process, from hiring through termination.

First Age 23 Notice Distributed

The initial memo is out concerning dependents who lose eligibility at the end of the year in which they turn 23. Just as last year, the system will remove an ineligible dependent from coverage as of January 1, 2004, and will also reduce the employee's membership as appropriate.

We are notifying you early so that you may remind your employees that: ♦their dependents will lose eligibility in five months, and ♦any employee who has a disabled child ineligible on January 1 has five months remaining to apply for continued coverage.